

**Work Order ID 122707****\*122707\***

Page 1

Tuesday, July 22, 2014 8:44:17 AM

Item ID: D4635-3

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Aft Ceiling Panel, LH

Start Date: 8/19/14 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 8/19/14 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 14-07-23 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D4635	E

100

0.00

**\*100\***

HAND FINISHING THERMOFORMING

Thermoform

Memo

0.00

Thermoforming Machine

Cut Blanks

DAS

07

9-89

x/ \_\_\_\_\_ 14/07/29

105

0.00

**\*105\***

Dry Material

HandThermo

Memo

0.00

Hand Finishing Thermoforming

Dry Sheet as per QSI022 POLYCARBONATE

Temp: 245 deg. FTime IN: 5:00 PMTime OUT: 6:00 AM

JUL 29 2014

Per.....

DAS

07

9-89

x/ \_\_\_\_\_ 14/07/29

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Tuesday, July 22, 2014 8:44:17 AM

**Item ID:** D4635-3

**Accept**

**\*N900040100\***

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

**Item Name:** Aft Ceiling Panel, LH

**Start Date:** 8/19/14      **Start Qty:** 1.00      **\*1\***

**Cust Item ID:**

**Required Date:** 8/19/14      **Req'd Qty:** 1.00      **\* 1 \***

**Customer:**

**Reference:**

**Approvals:**      **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Run Start \*NR1\*

**QC:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **SPC (Y/N):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Stop \*NR2\*

Sequence ID/  
Work Center ID

### Operation Description

## Set Up/ Run Hours

Tool ID	Tool #	Plan Code
---------	--------	-----------

**Accept  
Qty**

Reject  
QtyReject  
Number

**Insp.  
Stamp**  
**DAS**  
**07**  
**9-89**

110

0.00

**\*110\***

## THERMOFORMING MACHINE

0.00

### Thermoform

## Memo

### Thermoforming Machine

Thermoform as per Dwg. D4635-3 and Folio FTA149

Dwg. Rev. 1Folio Rev. 1

NOTE: Check moulds prior to using to ensure proper placement of add-ons.  
Visually inspect for proper formation and texture

130

0.00

**\*130\***

## HAND FINISHING THERMOFORMING

0,00

### Thermoform

## Memo

### Thermoforming Machine

### Trim to Finished Dimensions

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
--------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Work Order ID 122707**

Tuesday, July 22, 2014 8:44:17 AM

**\*122707\***

Page 3

Item ID: D4635-3 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Aft Ceiling Panel, LH  
Start Date: 8/19/14 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 8/19/14 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140	QC6- Inspect dimensions to drawing Dimensional Inspection	0.00				DAS 27 9-89			
<b>*140*</b>									
QC	Memo	0.00							
Quality Control	Fill out Inspection Sheet Rev A								
160	Packaging	0.00				DAS 27 9-89			
<b>*160*</b>									
Packaging	Memo	0.00							
Packaging									
170	QC21- Final Inspection - Work Order Release	0.00							
<b>*170*</b>									
QC	Memo	0.00							
Quality Control									

MLS 14-08-22

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
--------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

# Picklist Print

Tuesday, July 22, 2014 8:44:16 AM

Page 1

Work Order ID: 122707

**\*122707\***

Parent Item: D4635-3

**\*D4635-3\***

Parent Item Name: Aft Ceiling Panel, LH

Start Date: 8/19/14

Required Date: 8/19/14

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev. A New Issue 12/05/07 DL VERIFIED BY:JLM IPP Rev. B  
Dwg. Update 12/11/08 DL IPP Rev C Dwg. Ulupdate  
13/07/09 DL IPP Rev. D Dwg. Update, Material  
Change 13/12/18 DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.093-F6006-07		Purchased	No			100	sf	4,823.726	9.39	10			DAS 07 9-89

**\*MI FXS 093-F6006-07\***

GE PLASTICS LEXAN SHEET (Grey)

**\*\***

Location	Loc Qty	Loc Code
MAT023	4823.72662	
114459	229.26	
123105	38	
124501	543.5	
m128668	181.35	
m129014	102.33332	
m129471	1025.3333	
m129738	2703.95	

14/07/30

1058 ft.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

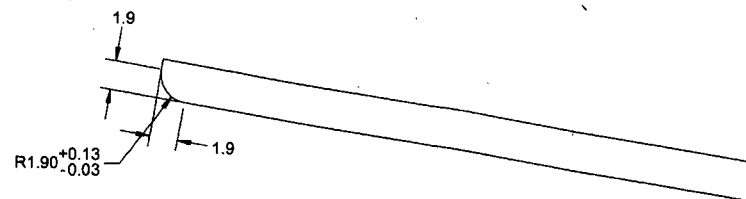
Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design <input type="checkbox"/>									
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Handling/Pre <input type="checkbox"/>									
Material <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Offset/Setup <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Transport <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

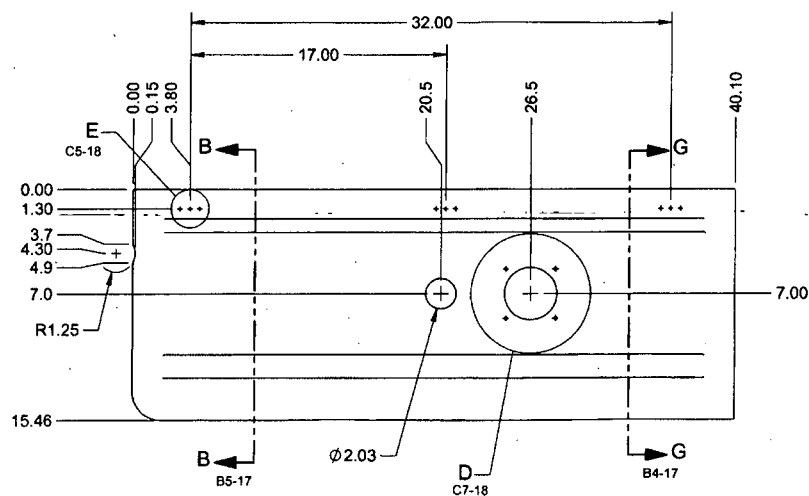
### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

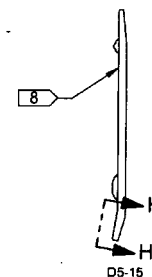




**SECTION H-H 82-15**



SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 122207 MJS  
14-07-23



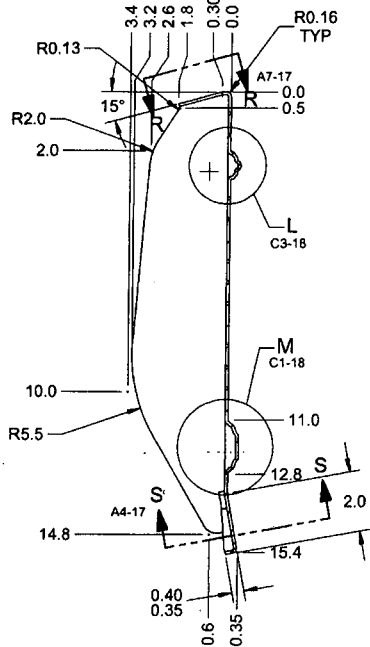
**NOTES:**

- 1) MATERIAL: F6006 SUEDE/POLISHED GY5B133 LIGHT GREY LEXAN SHEET 0.093 THICK  
(REF DART SPEC MLEXS.093-F6006-07)
  - 2) FINISH: N/A
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: N/A
  - 7) WEIGHT: 2.66 lbs
  - 8) TEXTURE ON THIS SIDE
  - 9) TRIM D4635-3 PER TOOL DT9841
  - 10) THERMOFORM D4635-3 PER QSI 022 USING DT9849 TOOL
- MIN. THICKNESS AFTER FORMING:  
RIDGES/EDGES = 0.060  
ELSEWHERE = 0.070

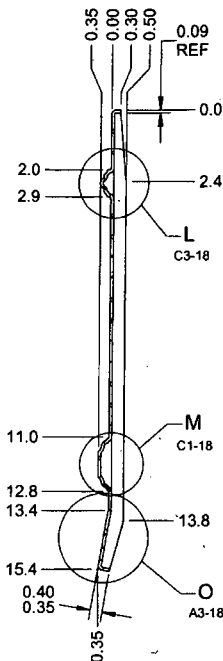
**D4635-3 LH, AFT CEILING PANEL**

RELEASED  
2014-01-22

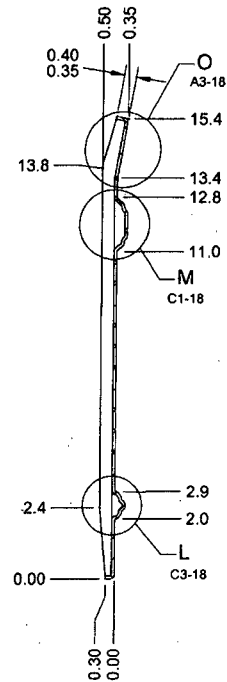
DESIGN	RF	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>RF</i>	DRAWING NO.	REV. E
MFG. APPR.	<i>RF</i>	D4635	SHEET 15 OF 18
APPROVED	<i>RF</i>	TITLE	SCALE
DE APPR.	<i>RF</i>	<b>OUTBOARD CEILING PANELS</b> NTS	
DATE	14.01.09	COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



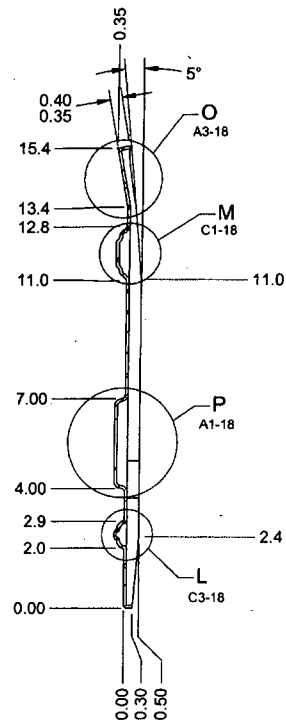
**SECTION A-A**  
SECTION A-A' OPPOSITE  
SCALE 2X



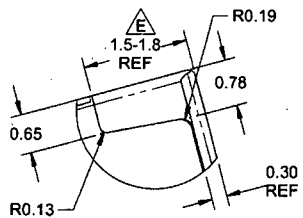
**SECTION B-B**  
SCALE 2X



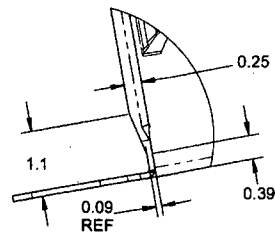
**SECTION G-G**  
SCALE 2X



**SECTION K-K**  
SCALE 2X



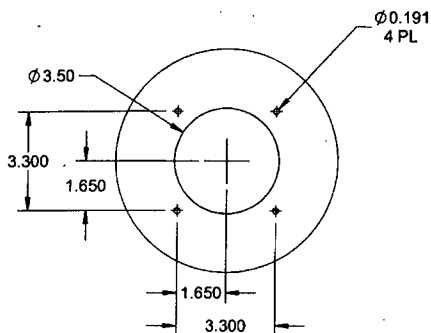
**AUXILIARY VIEW R-R**  
SECTION R-R' OPPOSITE  
SCALE 2X



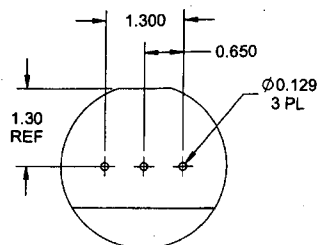
**AUXILIARY VIEW S-S**  
SECTION S-S' OPPOSITE  
SCALE 2X

RELEASED  
2014-01-22

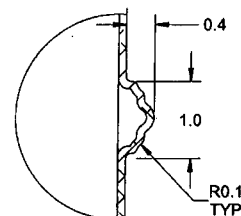
DESIGN	RF	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	PC	DRAWING NO.	REV. E
MFG. APPR.	PC	D4635	SHEET 17 OF 18
APPROVED	PC	TITLE	SCALE
DE APPR.	PC	<b>OUTBOARD CEILING PANELS</b>	NTS
DATE	14.01.09	COPYRIGHT © 2012 BY DART AEROSPACE LTD	
THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.			



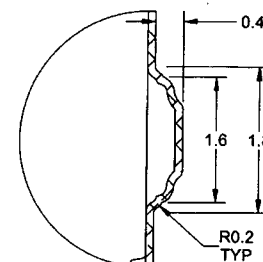
**DETAIL D**  
SCALE 2X  
B4-13  
B3-14  
B5-15  
B5-16



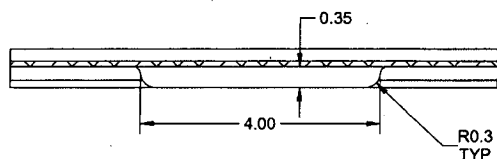
**DETAIL E**  
SCALE 4X  
C7-13  
B6-14  
C6-15  
B5-16



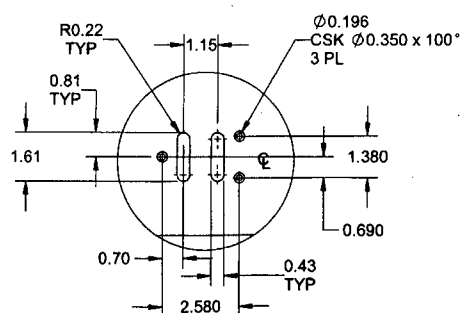
**DETAIL I**  
SCALE 1.5X  
B2-17  
B4-17  
C5-17  
C7-17



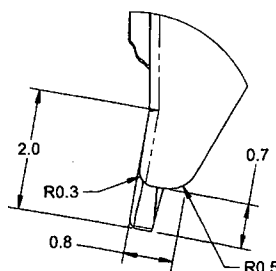
**DETAIL M**  
SCALE 1.5X  
C2-17  
C3-17  
C5-17  
C7-17



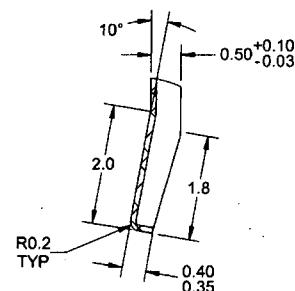
**SECTION I-I**  
SCALE 4X  
B5-16



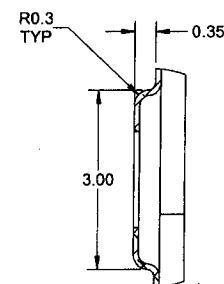
**DETAIL Q**  
SCALE 2X  
C5-16



**DETAIL N**  
SCALE 2X  
B2-13



**DETAIL O**  
SCALE 2X  
D2-17  
D3-17  
B5-17



**DETAIL P**  
SCALE 4X  
C2-17

RELEASED  
2014-01-22

DESIGN	RF	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	PC	DRAWING NO.	REV. E
MFG. APPR.	PC	D4635	SHEET 18 OF 18
APPROVED	PC	TITLE	SCALE
DE APPR.	PC	<b>OUTBOARD CEILING PANELS</b> NTS	
DATE	14.01.09	COPYRIGHT © 2012 BY DART AEROSPACE LTD	
THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.			

<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	
<b>Description:</b> LH Aft Ceiling Panel		<b>Part Number:</b>	D4635-3
<b>Inspection Dwg:</b> D4635 <b>Rev:</b> E		<b>Page 1 of 1</b>	

### FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
3.80	+/-0.030	3.80	✓		S Feb-08	
17.00	+/-0.030	17.02	✓		S Feb-21	
32.00	+/-0.030	32.00	✓		"	
20.5	+/-0.100	20.5	✓		"	
26.5	+/-0.100	26.5	✓		"	
7.0	+/-0.100	7.0	✓		"	
7.0	+/-0.100	7.0	✓		"	
Ø2.03	+0.012/-0.001	2.031	✓		S Feb-08	
3.300	+/-0.010	3.296	✓		"	
1.650	+/-0.010	1.6498	✓		"	
3.300	+/-0.010	3.298	✓		"	
1.650	+/-0.010	1.6496	✓		"	
Ø0.191	+0.005/-0.001	.191	✓		"	
1.300	+/-0.010	1.3006	✓		"	
0.650	+/-0.010	0.651	✓		"	
Ø0.129	+0.005/-0.001	0.128	✓		"	
0.50	+/-0.030	0.521	✓		"	
0.30	+/-0.030	0.322	✓		"	
0.35 - 0.40	+/-0.030	0.366	✓		"	

<b>Measured by:</b>	DAS 27	<b>Audited by:</b>	DAS 9	<b>Preliminary Approval:</b>	
<b>Date:</b>	14/08/22	<b>Date:</b>	14-08-22	<b>Date:</b>	

Rev	Date	Change	Revised by	Approved
A	14.07.29	New Issue	KJ	